

**SPRINGS BROOK PARK Registration Form: page 1** (for programs pages 11-15)

Last Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Town/Zip \_\_\_\_\_

*If registering for swim lessons, please indicate parent work & emergency phone #'s :*

work /cell# (mother) \_\_\_\_\_ work/cell # (father) \_\_\_\_\_

Emergency name and # other than parent \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**RATES****Membership****Resident****Non-Resident**

Individual:

\$85

\$110

Family:

\$240

\$305

2 Week Pass (valid M-F only) \$40 per person/\$120 per family both resident &amp; non resident

Senior Citizen (65+): Free (must Register @ Rec. Office)

**Lessons****Resident W/ SBP Membership****Non-Resident W/ SBP Membership**

Preseason Mini-Morning session

\$20

\$30

Day Sessions I, II, III

\$30

\$40

Evening Session

\$30

\$40

Parent/Tot class

\$30

\$35

**Resident W/O SBP Membership****Non-Resident W/O SBP Membership**

Preseason Mini-Morning session

\$40

\$50

Day Sessions I, II, III

\$50

\$60

Evening Session

\$50

\$60

Parent/Tot class

\$30

\$35

**Payment Information**

Membership Fee: \$ \_\_\_\_\_

Swim Program Fee: \$ \_\_\_\_\_

Contribution to Neighbors Fund: \$ \_\_\_\_\_

**TOTAL FEE DUE:** \$ \_\_\_\_\_**Payment Type:** \_\_\_ Cash \_\_\_ Check \_\_\_ MC/Visa MC or Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I, the undersigned [mother/father/legal guardian] of \_\_\_\_\_, a minor, do hereby consent to his/her participation in the swim program, run by the Bedford Recreation Department and do forever RELEASE, acquit, discharge and covenant to hold harmless the Town of Bedford, and the Town of Bedford Recreation Department and all of its employees and agents from any and all actions, causes of action, and claims, including, but not limited to negligence, on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damage occurring while participating in any part of the swim program, wherever it occurs, which I may now or hereafter have as the parent of said minor, and also any and all claims, actions, causes of actions, including, but not limited to negligence which said minor has or hereafter may acquire, either before he/she or after he/she has reached his/her majority resulting from his/her participation in the Town of Bedford Recreation Department's swim program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (parental if participant is under 18 years of age)

**MEMBERSHIP SUMMER 2011****List family members (immediate family only - father, mother, children living at same address)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Two Week Pass: Valid Monday - Friday only**☐ Pre-season ☐ Session 1 ☐ Session 2 ☐ Session 3

Total Membership Fee: \_\_\_\_\_ 6/20 - 7/1 7/4 - 7/15 7/18 - 7/29 8/1 - 8/12

**SPRING BROOK PARK REGISTRATION FORM (Page 2)****SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 1**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Preseason Morning Session: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Evening: Session: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_**SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 2**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Preseason Morning Session: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Evening: Session: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_**SPRINGS BROOK PARK SWIM LESSON REGISTRATION FORM - Child 3**

Student's Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

Preseason Morning Session: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 1: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 2: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Session 3: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_Evening: Session: Level: \_\_\_\_\_ Time: \_\_\_\_\_ *Alternate if time full:* \_\_\_\_\_**PARENT/TOT SWIM CLASSES**

Student Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

☐ **Option 1:** 11:20-12:00noon (June 27-June 29) Fee: \_\_\_\_\_☐ **Option 2:** 5:35-6:15pm (June 30-July 14) Fee: \_\_\_\_\_☐ **Option 3:** 12:35-1:15pm (July 21-July25) Fee: \_\_\_\_\_

Student Name: \_\_\_\_\_ Sex: M / F Birthdate \_\_\_\_\_ AGE \_\_\_\_\_

Special Needs/Concerns: \_\_\_\_\_

☐ **Option 1:** 11:20-12:00noon (June 27-June 29) Fee: \_\_\_\_\_☐ **Option 2:** 5:35-6:15pm (June 30-July 14) Fee: \_\_\_\_\_☐ **Option 3:** 12:35-1:15pm (July 21-July25) Fee: \_\_\_\_\_